

PERSONNEL DEVELOPMENT SEMINARS (PDS)

BID PROPOSAL FORM

(Course Name)

BIDDER INFORMATION

Company Contact or Instructor Name:

Company Name:

Address:

E-mail:

Phone:

Fax:

Fed ID or SS#:

1. In the space provided, please indicate your written service guarantee or policy:

2. Are you a Targeted Small Business (TSB) registered with the State of Iowa?

☐

Yes

☐

No

3. Will you be able to meet the estimated demand for this course as indicated on the "Request for Proposal" form?

☐

Yes

☐

No

(Course Name)

PER SESSION TRAINING COST:

I CERTIFY that this bid application contains no willful misrepresentation and that the information is true and complete to the best of my knowledge. I understand that in signing this bid application, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this application or may provide in conjunction with this application. If awarded a contract, I will comply with all of the provisions of this proposal as well as procedural and administrative instructions called for by PDS.

Preparer's Name

Preparer's Phone Number

Preparer's Signature

Date

Please submit a resume for each proposed instructor